

# Assessing Families' Risk for Child Abuse and Neglect Using a Structured Clinical Judgment Model: The Assessment of Family Needs

Glen J. Veed, Natasha Elkovitch, Poonam Tavkar, Mary Fran Flood, & David J. Hansen

University of Nebraska-Lincoln

Contact: Glen J. Veed, University of Nebraska-Lincoln (email: [veed@huskers.unl.edu](mailto:veed@huskers.unl.edu))  
238 Burnett Hall, Lincoln, NE 68588. Telephone (630) 222-8472

## Introduction

- Although abuse and neglect are theoretically avoidable sources of childhood stress, the results of prevention efforts have been mixed (Daro & Donnelly, 2002). One of the challenges facing clinicians and researchers who seek to eliminate child abuse and neglect is in the area of selecting prevention strategies to intervene with families considered at increased risk for maltreatment (Self-Brown & Whitaker, 2008). Assessment of maltreatment risk before it occurs is critical for identifying the appropriate families to participate in prevention efforts and for designing interventions that effectively target risk factors of concern. In addition, evidence suggests that prior to reaching a level of severity that might be reportable, harsh discipline, inadequate supervision, and disengaged parenting have a significant negative impact on their victims (Erickson & Egeland, 2002; Hart, Brassard, Bruggel, & Davidson, 2002).
  - Neglect, specifically, is one of the most prevalent forms of child maltreatment while also being one of the most difficult to detect and remediate (McDonald & Associates, 1999).
  - The incidence of child maltreatment has been reported to be higher than 1 in 3 (Hart et al., 2002).
- Given the importance of early detection and remediation, assessment instruments that can reliably detect risk for child abuse or neglect in a way that facilitates treatment are needed. However, several challenges obstruct the development of such assessment measures.
  - Perpetrators may be reluctant to disclose even subtle hints of ongoing abuse or neglect on self-report measures out of fear of incriminating themselves.
  - Victims may be reluctant to disclose details that may be interpreted as abusive or neglectful due to such factors as fears of repercussions from the perpetrator and fears of losing contact with the perpetrator.
  - Professionals may be reluctant to report risk factors of abuse or neglect due to fears of ruining rapport with clients and other negative impacts on the relationship or treatment progress (Kalichman & Craig, 1991).
- Fortunately, a substantial body of research has been gathered identifying risk factors for abuse and neglect (Erickson & Egeland, 2002).
  - The Assessment of Family Needs (AFN) is being developed using the Structured Clinical Judgment (SCJ) model to apply these empirically-supported risk factors to the assessment of a family's risk for potential child maltreatment in a way that overcomes these obstacles.
    - Structured Clinical Judgment (SCJ) Model
      - Traditionally developed and used with violence risk assessment (Webster, Muller-Isherman, & Fransson, 2002)
      - Clinician uses a set of pre-determined empirically-supported set of risk factors to derive the overall conclusion
      - Allowed to consider case-specific factors
      - Supported by a growing body of violence risk assessment literature (e.g., Kropp & Hart, 2000)
    - Alternative Models
      - Actuarial models: Utilize cut-off scores and focus heavily on static risk factors, which cannot be targeted by interventions
      - Unstructured clinical judgment: Relies solely on professional judgment. Research indicates clinicians are no more accurate than chance in predicting future violence (Monahan, 1981), which may be due to clinicians relying on factors that do not have a strong relationship to future violence and overlooking the ones that do (Borum, Otto, & Golding, 1993).

## The Assessment of Family Needs (AFN)

- Risk Factors were identified through a literature review of articles and meta-analyses examining predictors of child maltreatment in one of several forms (i.e., physical abuse, sexual abuse, and neglect). Risk Factors chosen were those with ample research support (i.e., supported by several published results or included in one or more of several large review articles examined; see Table 1) and that could be generalized across these main forms of child maltreatment.
- Risk Factors, once identified, were arranged according to four main categories, derived from Belsky's Developmental-Ecological model (1993). These categories are:
  - Child Factors
  - Parent Factors
  - Immediate-Interactional Factors
  - Broad Contextual Factors
- Definitions of Neglect/Abuse
  - Neglect, for the purposes of the AFN, is defined as follows:
    - The existence of parental (or any caregiver's) behaviors, omissions of behaviors, and environmental conditions that might endanger a child's access to and reception of basic developmental needs such as physical and psychological safety, security, and well being.
  - Abuse, for the purposes of the AFN, is defined as follows (based on the definition used in the Child Abuse Prevention and Treatment Act):
    - Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm, sexual abuse, or exploitation of a child by a parent (or any caretaker) who is responsible for the child's welfare.
- The AFN is intended to be used with families with identified children ages 2-8. It may be possible to administer the AFN with caution to families with identified children ages birth to 10. These age ranges have been determined because the research from which the AFN's risk factors are drawn has been primarily conducted within the 2 - 8 age range.
- Practitioners using the AFN must have adequate training in the following areas:
  - Conducting interviews with children, parents, and families
  - The Structured Clinical Judgment model of assessment
  - Use of the AFN

Table 1. Title, examples, and empirical support for each risk factor comprising the Assessment of Family Needs organized by category

| Risk Factor                           | Example(s)   | Example References  |
|---------------------------------------|--|---|
| <b>Child Factors</b>                  |  |   |
| Developmental Disability              | "Child has been verified with a developmental delay"                                       | Erickson & Egeland, 2002  |
| Low Birth Weight/Premature            | "Child was born premature"   | Wu et al., 2004   |
| Behavioral Concerns                   | "Child exhibits significant aggression"  | Anthonyamy & Zimmer-Gembeck, 2007; Mammen, Kolko, & Pilkonis, 2003; Teisl & Cicchetti, 2007; Zielinski & Bradshaw, 2006 |
| <b>Parent Factors</b>                 |  |   |
| Parental Depression                   | "Parent has past/present suicidal behavior"  | Erickson & Egeland, 2002; Mammen, Kolko, & Pilkonis, 2003   |
| Parental Major Mental Illness         | "Parent ever hospitalized for major mental illness"  | Kolko, Seelye, & Brown, 1999; Lewis & Creighton, 1999   |
| Parental Substance Use                | "Illegal substances present in child's environment"  | Kelleher, Chaffin, Hollenberg & Fischer, 1994; Ondersma, 2007   |
| Parental History of Abuse/Neglect     | "Parent or primary caregiver has a history of being physically abused"                     | Erickson & Egeland, 2002  |
| Parenting Stress                      | "Parent exhibits poor coping skills"   | Erickson & Egeland, 2002  |
| Emotional Expression/Anger Management | "Parent exhibits a limited variety of emotions expressed" "Parent easily angered or upset" | Erickson & Egeland, 2002  |
| Parental Personality Risk             | "Parent shows rigidity in decision making"   | Erickson & Egeland, 2002  |
| Other Parental Mental Health Concerns | "Parent is not receiving mental health services despite identified need"                   | e.g., Johnson, Cohen, Kasen, & Brook, 2008  |

## The Assessment of Family Needs (cont.)

- There are several minimum information sources required for completing the AFN:
  - Historical document review
  - The child in question must be observed at least once, either during an office visit or formal in vivo observation
  - At a minimum an interview must be conducted with the child's parent and one additional collateral contact (e.g., family advocate, teacher, other family member)
  - An in vivo observation may take the place of the collateral contact IF the observation was conducted with the AFN risk factors specifically in mind
  - Ideally, practitioners completing the AFN have access to a wide variety of other collateral contacts and documentation to enhance the judgments made while completing the AFN
    - No information source is ignored during the completion of the AFN. However, practitioners should always consider the validity of each source as they make their determinations.

## Conclusions

- The AFN, while still in development, possesses several advantages that may make it a useful and effective measure.
  - It provides a method of assessing child abuse and neglect risk, an area that has been difficult to assess in the past.
  - The risk factors of the AFN are based on sound replicated research, resulting in an evidence-based assessment.
  - The AFN can assess this maltreatment risk in such a way as to be able to detect need for intervention to prevent maltreatment rather than the presence of ongoing maltreatment.
    - This allows remediation that may prevent the occurrence of maltreatment before it occurs or becomes more serious.
  - Because the AFN assessment process is non-threatening and is not intended to specifically assess for the presence of ongoing, reportable maltreatment, families and collateral reporters may be more willing to participate than they might in more specifically targeted assessments.
  - The method by which risk for abuse and neglect is assessed lends itself easily to treatment planning by identifying the specific areas in most need for the family.

References available upon request. The AFN is available to practitioners and researchers interested in its use. Please contact Glen Veed ([veed@huskers.unl.edu](mailto:veed@huskers.unl.edu)) for more information about the use of this assessment.

Table 1. Con't.

| Risk Factor                                   | Example(s)   | Example References  |
|---|--|---|
| <b>Immediate Interactional Factors</b>        |  |   |
| Stimulating Environment                       | "Limited variety of stimulating toys in the home"                    | Dubowitz et al., 2005; Erickson & Egeland, 2002   |
| Family Routines, Role, and Expectations       | "The family lacks consistent routines"                               | Justice & Calvert, 1990; Trickett, Aber, Carlson & Cicchetti, 1991                            |
| Family Structure                              | "Recent parental separation" "Recent addition of new family members" | Berger, 2004; English et al., 2005  |
| Residential Transition                        | "Recent change in residences"  | English et al., 2005  |
| Adult Supervision                             | "Lack of adult supervision when child is at home"                    | English et al., 2005  |
| Positive Parent-Child Interactions            | "Verbal praise used infrequently"                                    | Chen & Scannapieco, 2006; Dubowitz et al., 2005; Egeland, 1997                                |
| Regular, Structured Parent-Child Interactions | "No regular play time together"                                      | Erickson & Egeland, 2002  |
| Effective Behavioral Management               | "Inconsistent discipline strategy used"                              | Chen & Scannapieco, 2006; Greenwald, Bank, Reid & Knutson, 1997; Uruiz & McNeil, 1996         |
| Medical and Mental Health of Child            | "Irregular medical checkups for child"                               | Dubowitz et al., 2005; English et al., 2005   |
| Proper Diet and Nutrition                     | "Child's diet is not nutritious or complete"                         | Dubowitz et al., 2005; English et al., 2005   |
| Safe Home Environment                         | "Observable hazards in the home"                                     | Dubowitz et al., 2005; English et al., 2005   |
| Cleanliness and Grooming                      | "Child occasionally not clean"                                       | Dubowitz et al., 2005; English et al., 2005   |
| Family Domestic Violence                      | "History of possible domestic violence in the home"                  | Dubowitz et al., 2005; Erickson & Egeland, 2002; Sledjeski, Dierker, Brigham, & Breslin, 2008 |
| Physical Abuse - Other Children               | "Verbal abuse of other children in the home"                         | Dubowitz et al., 2005   |
| Physical Abuse - Identified Child             | "History of physical abuse of child"                                 | Fuller, Wells, & Cotten, 2001; Sledjeski, Dierker, Brigham, & Breslin, 2008                   |
| Sexual Abuse - Identified Child               | "CPS involvement for sexual abuse of child(ren)"                     | Fuller, Wells, & Cotten, 2001; Sledjeski, Dierker, Brigham, & Breslin, 2008                   |
| Neglect - Identified Child                    | "Duration of previous neglect"                                       | Fuller, Wells, & Cotten, 2001; Sledjeski, Dierker, Brigham, & Breslin, 2008                   |
| <b>Broad Contextual Factors</b>               |  |   |
| Neighborhood Violence                         | "Concerns about neighborhood safety"                                 | Dubowitz et al., 2005   |
| Homelessness                                  | "Family ever homeless"   | English et al., 2005  |
| Poverty                                       | "Family does not always have enough money for food"                  | Dubowitz et al., 2005; Wu et al., 2004  |
| Family Social Support                         | "Primary caregiver isolated from family members"                     | Erickson & Egeland, 2002; Spicer & Franklin, 1994   |

## Conclusions (cont.)

- The rating of the AFN's specific risk factors allows for a family's overall risk to be tracked over the course of time and treatment.
- Through the use of empirically-based risk factors and the SCJ model, the AFN allows for easy dissemination of research to practitioners.
- In addition, because of its standardized form and directions for completion, the AFN lends itself to use in research on child maltreatment.
- The SCJ model newly adapted to the AFN and the assessment of child maltreatment brings with it several unique advantages.
  - Clinicians have the flexibility to weigh risk factors according to their judgment and experience with the case rather than having an actuarial formula rigidly applied.
  - Clinicians are also forced to consider each of the risk factors that research evidence has supported when making their decisions. In this way, important, evidenced-based factors are not overlooked or replaced by anecdotal or circumstantial factors.
- Future Directions
  - Although the research literature underlying the individual risk factors that make up the AFN indicates that the factors will be predictive of child maltreatment, the AFN as a whole has not been validated. Future research will need to examine the predictive utility of the AFN and the SCJ model in the area of detecting child maltreatment.
  - Further dissemination of the AFN is also required in order to better ascertain its ease of use for clinicians and researchers. The AFN is available from the authors of this poster for any researcher or clinician willing to use it and report back about his/her experience with the AFN.
  - Currently AFN risk factors are evaluated as present or absent on the basis of clinical judgment. Work is being conducted to determine empirical cut-offs for each risk factor (e.g., less than 2 hours of positive parent-child contact per week indicates concern) based on the published research, to include with the AFN manual to assist clinical judgment.